



# CITY OF TWIN OAKS

1381 Big Bend Road • Twin Oaks, MO 63021  
(636) 225-7873 • fax (636) 225-6547 • [www.cityoftwinoaks.org](http://www.cityoftwinoaks.org)

## TEMPORARY STORAGE OR DISPOSAL CONTAINER PERMIT APPLICATION FORM

DATE OF DELIVERY: \_\_\_\_\_

DATE TO BE REMOVED: \_\_\_\_\_

ADDRESS AND LOCATION WHERE CONTAINER/MATERIALS WILL BE PLACED:

\_\_\_\_\_  
\_\_\_\_\_

SIZE AND TYPE OF CONTAINER: \_\_\_\_\_

CONTRACTOR INFO (if applicable)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTAINER COMPANY INFO (if applicable):

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WILL CONTAINER BE LOCATED ON PRIVATE PROPERTY AT SITE OF CONSTRUCTION OR DEMOLITION? (Please check  only one)       YES       NO

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
City Administrator/Clerk

Date: \_\_\_\_\_

***The repair of any damage to pavement or curbing resulting from placing, using or removing the container shall be the responsibility of the applicant and shall be performed to the satisfaction of the City.***

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Date Received \_\_\_\_\_